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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)	Application Number <b>09/880,097</b>	Filing Date <b>14 June, 2001</b>	<input type="checkbox"/> To be Mailed
	Applicant(s) <b>WELLSTEIN, ANTON</b>		Page 1 of 2

CLAIMS	AS FILED		AFTER FIRST AMENDMENT 01/29/2007		AFTER SEC. AMENDMENT		* 01/29/2007		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								51				
2								52				
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41								91				
42								92				
43								93				
44								94				
45								95	1			
46								96		1		
47								97	canc	eled		
48								98	canc	eled		
49								99		1		
50								100		1		
Total Indep							Total Indep	1				
Total Depend							Total Depend		51			
Total Claims							Total Claims	52				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT 01/29/2007		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101				1			151					
102			canc	eled			152					
103				1			153					
104				1			154					
105				1			155					
106				3			156					
107				3			157					
108				3			158					
109				3			159					
110				3			160					
111				3			161					
112				3			162					
113				3			163					
114				3			164					
115				3			165					
116				3			166					
117				3			167					
118				3			168					
119				1			169					
120				1			170					
121				1			171					
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147							197					
148							198					
149							199					
150							200					
Total Indep			1				Total Indep					
Total Depend				51			Total Depend					
Total Claims			52				Total Claims					

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